

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

|  |   |   |   |  |
|--|---|---|---|--|
| <b>1 PLACE OF DEATH</b>  |   | 479   | STATE OF MARYLAND<br>CERTIFICATE OF DEATH   |  |
| County <i>Charles</i>  |   | 103   | Registration Dist. No. 107  |  |
| Village or City <i>Bryantown</i>   |   | (No.)   | St. Ward)   |  |
| <b>2 FULL NAME</b> <i>Thomas E. Boorman</i>  |   | [If death occurred in a hospital or institution, give its NAME instead of street and number.]   |   |  |
| <b>PERSONAL AND STATISTICAL PARTICULARS</b>  |   |   |   |  |
| <b>3 SEX</b><br><i>Male</i>  | <b>4 COLOR OR RACE</b><br><i>White</i>  | <b>5 SINGLE,<br/>MARRIED,<br/>WIDOWED,<br/>OR DIVORCED</b><br>(Write the word)<br><i>Single</i> | <b>16 DATE OF DEATH</b><br><i>Jan 20, 1914</i>  |  |
| <b>6 DATE OF BIRTH</b><br><i>Jan 10, 1906</i>  |   | (Month) (Day) (Year)  | (Month) (Day) (Year)  |  |
| <b>7 AGE</b><br><i>7 yrs. 6 mos. 15 ds.</i>  | IF LESS than<br>1 day, hrs.<br>OR min.? |   | 17 I HEREBY CERTIFY, That I attended deceased from<br><i>Nov. 20, 1913, to Jan 20, 1914</i>   |  |
| <b>8 OCCUPATION</b><br>(a) Trade, profession, or particular kind of work.<br><i>—</i>                  |   |   | that I last saw him alive on <i>Jan 20, 1914</i>  |  |
| (b) General nature of industry, business, or establishment in which employed (or employer)<br><i>—</i> |   |   | and that death occurred on the date stated above, at <i>10.15 a.m.</i> ,<br>The CAUSE OF DEATH* was as follows:<br><i>Heart attack</i>              |  |
| <b>9 BIRTHPLACE</b><br>(State or country)<br><i>Washington, D.C.</i>                                   |   |   | (Duration) yrs. <i>1</i> mos. <i>0</i> ds.  |  |
| <b>10 NAME OF FATHER</b><br><i>Thomas E. Boorman</i>   |   |   | Contributory<br>(Secondary)   |  |
| <b>11 BIRTHPLACE OF FATHER</b><br>(State or country)<br><i>Med.</i>                                    |   |   | (Duration) yrs. <i>0</i> mos. <i>0</i> ds.  |  |
| <b>12 MAIDEN NAME OF MOTHER</b><br><i>Elizabeth Davis</i>  |   |   | (Signed) <i>L. O. C. Boorman, M.D.</i>  |  |
| <b>13 BIRTHPLACE OF MOTHER</b><br>(State or country)<br><i>Med.</i>                                    |   |   | (Address) <i>191 Bryantown, Md.</i>   |  |
| <b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>  |   |   |   |  |
| (Informant)<br><i>Thos. E. Boorman</i>   |   |   | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |  |
| (Address)<br><i>Bryantown, Md.</i>   |   |   | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)   |  |
| 15 Filed....., 191.....  |   |   | At place of death yrs. mos. ds.   | In the State yrs. mos. ds.                   |
|  |   |   | Where was disease contracted,<br>If not at place of death?  |  |
|  |   |   | Former or usual residence   |  |
|  |   |   | <b>18 PLACE OF BURIAL OR REMOVAL</b><br><i>At Myrs Chapel</i>   | <b>DATE OF BURIAL</b><br><i>Jan 27, 1914</i> |
|  |   |   | <b>20 UNDERTAKER</b><br><i>Geo. L. Goodes</i>   | ADDRESS<br><i>Bryantown</i>                  |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

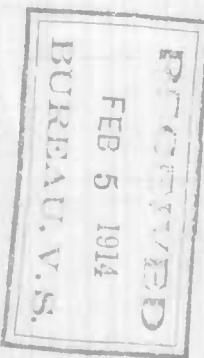
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

- (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal min.*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc.. *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy", "Colitis," "Corna," "Convulsions," "Debility" ("Con genital"), "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as "fracture of skull, and consequences (e. g., *esophagus*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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|   |                             |   |
|---|-----------------------------|---|
| 1 PLACE OF DEATH<br>County <i>Charles</i>   |                             | 480   |
| Village or City <i>White Plains</i> (No.)   |                             | <i>✓ 20</i>   |
| 2 FULL NAME <i>George Chass</i>   |                             |   |
| PERSONAL AND STATISTICAL PARTICULARS  |                             |   |
| 3 SEX <i>Male</i>   | 4 COLOR OR RACE <i>Levi</i> | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>DIVORCED<br>(Write the word <i>Married</i> ) |
| 6 DATE OF BIRTH <i>Antonown</i>   |                             | (Month) (Day) (Year)  |
| 7 AGE <i>57 yrs.</i>  | mos.                        | ds.   |
|   |                             | If LESS than<br>t day, hrs.<br>OR min.?   |
| 8 OCCUPATION <i>Haircut</i>   |                             |   |
| (a) Trade, profession, or particular kind of work.  |                             |   |
| (b) General nature of industry, business, or establishment in which employed (or employer)                              |                             |   |
| 9 BIRTHPLACE<br>(State or country) <i>Charles County</i>  |                             |   |
| 10 NAME OF FATHER <i>Edward Chass</i>   |                             |   |
| 11 BIRTHPLACE OF FATHER<br>(State or country) <i>Charles County</i>   |                             |   |
| 12 MAIDEN NAME OF MOTHER <i>Elijah Lassow</i>   |                             |   |
| 13 BIRTHPLACE OF MOTHER<br>(State or country) <i>Charles County</i>   |                             |   |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <i>Edward Chass</i><br>(Address) <i>White Plains 94</i> |                             |   |
| 15 Filed <i>1/29</i> , 1914   | J. W. H. Stevenson          | REGISTRAR   |

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *1051*St. *Ward*)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 28*

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

*Spt*, 1914, to *Jan 28*, 1914,that I last saw him alive on *Jan 27*, 1914,and that death occurred on the date stated above, at *2200* m.

The CAUSE OF DEATH\* was as follows:

*Pharyngeal Bright Disease*  
*10 La. Syph.*  
 Contributory Secondary  
 (Duration) 2 yrs. — mos. — ds.  
 (Signed) *J. O. Monroe*, M. D.  
*Jan 29, 1914* (Address) *Salisbury Md.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Unknown* DATE OF BURIAL *1/30*, 191420 UNDERTAKER *Hannett & Ryan* ADDRESS *Waldorf Md.*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Gastric*,

6ma, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sensus, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## MARGIN RESERVED FOR BINDING

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## 1 PLACE OF DEATH

County Charles. 481

Village or City Shiloh Wayside Md.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 102

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Colored.

5 SINGLE,  
MARRIED,  
WIDOWER,  
OR DIVORCED  
(Write the word)

MARRIED

6 DATE OF BIRTH

30th May

(Month)

(Day)

1858  
(Year)

7 AGE

57 yrs. 7 mos. 22 ds.

If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work

Farming

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF  
FATHER

Samuel W. Conlee

11 BIRTHPLACE  
OF FATHER

(State or country)

12 MAIDEN NAME  
OF MOTHER

Charles County Md

Matilda Moore

13 BIRTHPLACE  
OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Johnnie Conlee

(Address)

Wayside Md

15

Filed Jan 19, 1914 Henry H. Ward

Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

1 - 17

, 1914

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

May, 1911, to Jan, 17, 1914,  
that I last saw him alive on Jan 17, 1914,

and that death occurred on the date stated above, at 2 p.m.  
The CAUSE OF DEATH\* was as follows:

Influenza

(Duration) 2 yrs. 8 mos. ds.

Contributory.

Secondary

(Duration) yrs. mos. ds.

(Signed) J. L. Hyndman, M. D.

1-18 - , 1914 (Address) Wayside

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted,  
if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Shiloh Cemetery Jan 19, 1914

DATE OF BURIAL

20 UNDERTAKER

Groves. Shadie Wayside Md.

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral pneumonia*; *Lobar pneumonia*; *Bronchopneumonia* (“Pneumonia,” unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Cancer*,

“*Sarcoma*, etc., of..... (name origin); “*Cancer*” is less definite; avoid use of “*Tumor*” for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as “*Anemia*,” “*Amaenia*” (merely symptomatic), “*Atrophy*,” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Con genital*,” “*Senile*,” etc.), “*Dropsy*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Malaria*,” “*Old Age*,” “*Shock*,” “*Trauma*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as “*Puerperal septicemia*,” “*Puerperal peritonitis*,” etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—dent dent*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of “*Contributory*.” (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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FEB 4 1914

BUREAU, V.S.

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1 PLACE OF DEATH  
County Charles 482

Village or City Wayside

2 FULL NAME Still Born

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 104

St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH Jan 6 (Month) 1914 (Day) 1914 (Year)

7 AGE Still Born yr. mos. ds. If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work None  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) None

9 BIRTHPLACE  
(State or country) Charles Co. Md

10 NAME OF  
FATHER J. D. Deshields

11 BIRTHPLACE  
OF FATHER  
(State or country) Micromia Co. Md

12 MAIDEN NAME  
OF MOTHER Georgia Colbert

13 BIRTHPLACE  
OF MOTHER  
(State or country) Charles Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. D. Deshields

(Address) Wayside Md.

15 Filed Jan 6 1914 Henry M. Ward  
Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 6, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Still Born, 1914, to 1914, 1914,

that I last saw him alive on 1914, 1914,

and that death occurred on the date stated above, at 3:15 P.M.

The CAUSE OF DEATH\* was as follows:

Still Born

(Duration) yrs. mos. ds.

Contributory  
Secondary None

(Duration) yrs. mos. ds.  
(Signed) Henry M. Ward Local Registrar  
-6-1914 (Address) Newbury Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Charles County, Chapt. 1914, Jan 6, 1914

20 UNDERTAKER ADDRESS  
Gro St. Shad Wayside

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Amaenia" (merely symptomatic), "Atrophy," "Thefta," "Amaenia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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|              |
|--------------|
| RECEIVED     |
| FEB 4 1914   |
| BUREAU, V.S. |

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

483

**1 PLACE OF DEATH** County Baltimore / 54 STATE OF MARYLAND  
Village or City Wayside (No. 754) CERTIFICATE OF DEATH  
Registration Dist. No. 104

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** Milie R. Dyson

| PERSONAL AND STATISTICAL PARTICULARS   |  |   |                                 |
|--|--|---|---------------------------------|
| <b>3 SEX</b><br><u>female</u>  | <b>4 COLOR OR RACE</b><br><u>black</u> | <b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b><br><u>Single</u><br>(Write the word) |                                 |
| <b>6 DATE OF BIRTH</b>   |  | <u>#844-</u>  | (Month) (Day) (Year)            |
| <b>7 AGE</b>   |  | <u>70</u>   | yrs. <u>0</u> mos. <u>0</u> ds. |
|  |  | If LESS than 1 day, _____ hrs.<br>OR min. ?   |                                 |
| <b>8 OCCUPATION</b><br>(a) Trade, profession, or particular kind of work.<br><u>house work</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)   |  |   |                                 |
| <b>9 BIRTHPLACE</b><br>(State or country) <u>Charles Co</u>  |  |   |                                 |
| <b>10 NAME OF FATHER</b><br><u>William Dyson</u>   |  | <b>11 BIRTHPLACE OF FATHER</b><br>(State or country) <u>Charles Co</u>              |                                 |
| <b>12 MAIDEN NAME OF MOTHER</b><br><u>Amanda Louis</u>   |  | <b>13 BIRTHPLACE OF MOTHER</b><br>(State or country) <u>Charles Co</u>              |                                 |
| <b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>  |  |   |                                 |
| (Informant) <u>M. W. Dyson</u>   |  | (Address) <u>Wayside Md</u>   |                                 |
| 15<br>Filed <u>May 17</u> , 1914   |  | Aug. 21, Ward<br>Local REGISTRAR  |                                 |
| 16   |  |   |                                 |
| 17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 27</u> , 1913, to <u>Jan 16</u> , 1914, that I last saw her alive on <u>Jan 8</u> , 1914, and that death occurred on the date stated above, at <u>8 A.M.</u> The CAUSE OF DEATH* was as follows: |  |   |                                 |
| <i>General debility<br/>no particular disease, weakness<br/>little or no resistance to anemia has been observed</i>  |  |   |                                 |
| (Duration) <u>70.5</u> mos. ds.  |  |   |                                 |
| <b>Contributory</b><br>Secondary   |  |   |                                 |
| (Duration) <u>70.5</u> mos. ds.  |  |   |                                 |
| (Signed) <u>M. W. Dyson</u> , M. D.  |  |   |                                 |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)<br>At place of death yrs. mos. ds. In the State yrs. mos. ds.  |  |   |                                 |
| Where was disease contracted, if not at place of death?  |  |   |                                 |
| Former or usual residence.   |  |   |                                 |
| 19 PLACE OF BURIAL OR REMOVAL<br><u>Shiloh Cemetery</u>  |  | DATE OF BURIAL<br><u>May 18</u> , 1914  |                                 |
| 20 UNDERTAKER<br><u>Gerr. Shadé</u>  |  | ADDRESS<br><u>Wayside, Md.</u>  |                                 |

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles*. (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Contingent," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

FEB 4 1914

BUREAU, V.S.

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|  |   |   |
|--|---|---|
| <b>1 PLACE OF DEATH</b>  |   | 484   |
| County <u>Charles</u>  |   | <i>DC 44-150</i>  |
| Village or City <u>Piegah</u> (No.)  |   |   |
| <b>2 FULL NAME</b> <u>Frederick Greer</u>  |   |   |
| <b>PERSONAL AND STATISTICAL PARTICULARS</b>  |   |   |
| <b>3 SEX</b><br><u>Male</u>  | <b>4 COLOR OR RACE</b><br><u>Colored</u>      | <b>5 SINGLE,<br/>MARRIED,<br/>WIDOWED,<br/>OR DIVORCED<br/>(Write the word)</b><br><u>married</u> |
| <b>6 DATE OF BIRTH</b>   |   |   |
| 1837<br>(Month) (Day) (Year)   |   |   |
| <b>7 AGE</b><br><u>77 yrs. mos. ds.</u>  | If LESS than<br>1 day, .... hrs.<br>OR min. ? |   |
| <b>8 OCCUPATION</b><br>(a) Trade, profession, or<br>particular kind of work.<br><u>Farmer.</u><br>(b) General nature of industry,<br>business, or establishment in<br>which employed (or employer) |   |   |
| <b>9 BIRTHPLACE</b><br>(State or country)<br><u>Charles Co. Md.</u>  |   |   |
| <b>10 NAME OF FATHER</b><br><u>Unknown</u>   |   |   |
| <b>11 BIRTHPLACE OF FATHER</b><br>(State or country)<br><u>"</u>   |   |   |
| <b>12 MAIDEN NAME OF MOTHER</b><br><u>"</u>  |   |   |
| <b>13 BIRTHPLACE OF MOTHER</b><br>(State or country)<br><u>"</u>   |   |   |
| <b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>  |   |   |
| (Informant) <u>Naoma Greer</u>   |   |   |
| (Address) <u>Piegah, Md.</u>   |   |   |
| 15 Filed <u>May 19, 1914</u> By <u>De Luthland</u> Seal REGISTRAR  |   |   |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 101

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH**Jan 18, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Nov 1913 to Dec. 26, 1913,that I last saw him alive on Dec. 26, 1913,and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH was as follows:

Senility, nephritis, chronic

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) F. C. Bicknell, M.D.  
Jan 18, 1914 (Address) Piegah Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**18 PLACE OF BURIAL OR REMOVAL**Smith Chapel**19 UNDERTAKER**W. B. Thompson

DATE OF BURIAL

May 20, 1914

ADDRESS

Seneca

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Brychopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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|                |   |
|----------------|---|
| RECEIVED       | 5 |
| FEB 5 1914     |   |
| BURRILL, V. S. |   |

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1 PLACE OF DEATH 485

County Chas

Village or City Pommocky (No. 15)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 106

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Dennis Harris

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Single

6 DATE OF BIRTH Jan 7, 1914

(Month) (Day) (Year)

7 AGE

yrs. — mos. 21 ds.

It LESS than  
1 day, — hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work Non(b) General nature of industry,  
business, or establishment in  
which employed (or employer) Non9 BIRTHPLACE  
(State or country) Chas Co10 NAME OF  
FATHER Robert Harris11 BIRTHPLACE  
OF FATHER  
(State or country) Chas Co Ind12 MAIDEN NAME  
OF MOTHER Jane Toyer13 BIRTHPLACE  
OF MOTHER  
(State or country) Chas Co Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bob Toyer

(Address) Pommocky Ind

15

Filed Jan 30, 1914 At the hands of Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 28, 1914

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

—, 191, to —, 191

that I last saw h. alive on —, 191

and that death occurred on the date stated above, at 8 P.m.,

The CAUSE OF DEATH\* was as follows:

The mother died when she  
was 7 days old. And it came from  
from birth hand after death of  
mother she was born in bed. Duration yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) John Marshall Jr. M.D.  
Jan 29, 1914 (Address) Pommocky

\* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,  
SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Pommocky Jan 30, 1914

20 UNDERTAKER

John Marshall Decoher

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

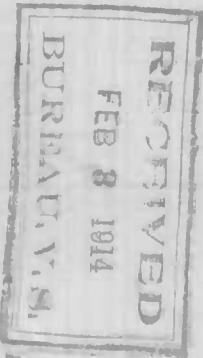
[Approved by U. S. Census and American Public Health Association.]

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*oma*, *Sarcoma*, etc. of \_\_\_\_\_ (name origin; "Can-  
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## 1 PLACE OF DEATH

486

County.....

Charles

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 108

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City.....

Hydesville (No.)

## 2 FULL NAME

James Andrew Hawkins

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

male

## 4 COLOR OR RACE

Colored

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

(Write the word) Single

## 6 DATE OF BIRTH

Dec 8, 1914  
(Month) (Day) (Year)

## 7 AGE

1 yrs. mos. 29 ds. If LESS than  
1 day, .... hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant:

(Address)

15

Filed:

1914

North Chappellos  
Hydesville, Md.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Jan 6, 1914  
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from  
Dec 31, 1913, to Jan 4, 1914,

that I last saw him alive on Jan 4, 1914

and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH\* was as follows:

Bronchitis-Pneumonia

(Duration) yrs. mos. 17 ds.

Contributory (Secondary) Bronchitis-Pneumonia

(Duration) yrs. mos. 12 ds.

(Signed) F D Chappellos, M. D.

Jan 7, 1914 (Address) Hydesville

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. To the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St Mary's Church Jan 7, 1914

## 20 UNDERTAKER ADDRESS

Abst Hawkins Bryantown

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

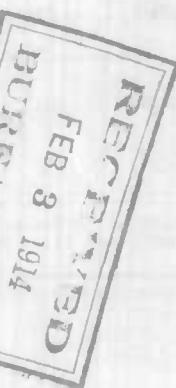
**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.. *Carcin-*

oma

*Sarcoma*, etc., of ..... (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malig-  
nant neoplasms); *Measles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), **29 ds.**  
*Brucellosis* (secondary), **10 ds.** Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Transtia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Puerperal septicemia*,"  
"*Puerperal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent deaths state means of injury and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dental*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause or death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

**1 PLACE OF DEATH**  
County Charles  
Village or City Bel Alton (No.)

487

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 103

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Bel Alton (No.)

**2 FULL NAME**

Amanda T. Jackson

## PERSONAL AND STATISTICAL PARTICULARS

|              |                        |  |
|--------------|------------------------|--|
| <b>3 SEX</b> | <b>4 COLOR OR RACE</b> | <b>5 SINGLE,<br/>MARRIED,<br/>WIDOWED,<br/>OR DIVORCED</b><br>(Write the word) |
| Female       | Dark                   | MARRIED  |

**6 DATE OF BIRTH**Dent Kun, 1865  
(Month) (Day) (Year)**7 AGE**Aug  
69 yrs. mos. ds.  
If LESS than  
1 day, hrs.  
OR min. ?**8 OCCUPATION**

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

**9 BIRTHPLACE  
(State or country)**

Charles County

**PARENTS****10 NAME OF FATHER**

Charles (not Kun) Sherk

**11 BIRTHPLACE OF FATHER  
(State or country)**

Dent Kun.

**12 MAIDEN NAME OF MOTHER**

Malinda Coffey

Clara C.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(informant)

Dudley Jackson

(Address)

Bel Alton

**15**

Filed Jan 13

1914 Charles H. Roby

Local

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH**Jan 12, 1914  
(Month) (Day) (Year)**17 I HEREBY CERTIFY That I attended deceased from**Dec 1, 1913, to Jan 12, 1914  
that I last saw h.s. alive on August 13, 1913

and that death occurred on the date stated above, at 11:50 p.m.

The CAUSE OF DEATH\* was as follows:

Exhaustion

(Duration) yrs. mos. ds.

Contributory (Secondary) Disease Breathing, etc.

Heart &amp; Kidney (Duration) 7 yrs. mos. ds.

(Signed) D. P. Deacon, M. D.

Jan 13, 1914. (Address) Bel Alton

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL**

Inaugural Rest Cemetery, Bel Alton Jan 14, 1914.

**20 UNDERTAKER**

Charles H. Roby &amp; Bro ADDRESS Bel Alton

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative "deathfulness" of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Rancher*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.. *Carcin-*

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oma, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

|              |
|--------------|
| RECEIVED     |
| FEB 4 1914   |
| BUREAU, V.S. |

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 PLACE OF DEATH<br>County..... <i>Charles</i>  |  | 488 <i>167</i><br>Village or City..... <i>Rock Point</i> (No.)                        |  | STATE OF MARYLAND<br>CERTIFICATE OF DEATH<br>Registration Dist. No. <i>104</i>                |  |
|   |  |   |  | St. .... Ward)  |  |
|   |  |   |  | [If death occurred in a hospital or institution, give its NAME instead of street and number.] |  |
| 2 FULL NAME..... <i>Joseph R Johnson</i>  |  |   |  |   |  |
| PERSONAL AND STATISTICAL PARTICULARS  |  |   |  |   |  |
| 3 SEX<br><i>Male</i>  | 4 COLOR OR RACE<br><i>Black</i>                      | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word)<br><i>Single</i> |  |   |  |
| 6 DATE OF BIRTH<br><i>June</i> (Month) <i>1912</i> (Day) (Year)   |  |   |  |   |  |
| 7 AGE<br><i>2 yrs. 7 mos. 0 ds.</i>   | If LESS than<br>1 day, ..... hrs.<br>OR ..... min. ? |   |  |   |  |
| 8 OCCUPATION<br>(a) Trade, profession, or particular kind of work..... <i>None</i><br>(b) General nature of industry, business, or establishment in which employed (or employer).....   |  |   |  |   |  |
| 9 BIRTHPLACE<br>(State or country)..... <i>Charles Co</i>   |  |   |  |   |  |
| PARENTS   |  |   |  |   |  |
| 10 NAME OF FATHER<br><i>John Johnson</i>  |  |   |  |   |  |
| 11 BIRTHPLACE OF FATHER<br>(State or country)..... <i>Virginia</i>  |  |   |  |   |  |
| 12 MAIDEN NAME OF MOTHER<br><i>Mary Ella Donley</i>   |  |   |  |   |  |
| 13 BIRTHPLACE OF MOTHER<br>(State or country)..... <i>Charles Co</i>  |  |   |  |   |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant)..... <i>John Johnson</i><br>(Address)..... <i>Rock Point</i>  |  |   |  |   |  |
| 15 Filed <i>Jan 19</i> 19 <i>W. G. Mah</i>  | 16   |   |  |   |  |
| 17 MEDICAL CERTIFICATE OF DEATH<br>16 DATE OF DEATH <i>Jan 17</i> , 19 <i>14</i><br>(Month) (Day) (Year)  |  |   |  |   |  |
| 17 I HEREBY CERTIFY, That I attended deceased from<br>....., 191..... to ..... 191.....<br>that I last saw h..... alive on ..... 191.....<br>and that death occurred on the date stated above, at ..... 191..... m.,<br>The CAUSE OF DEATH* was as follows:<br><i>Accidentally burnt Clothing<br/>caught fire from stove</i><br>D.N.B. (Duration) yrs. mos. ds. |  |   |  |   |  |
| Contributory<br>Secondary   |  |   |  |   |  |
| (Duration) yrs. mos. ds.<br>(Signed) <i>C. H. Maryland York C. P. M. II</i> , 191..... (Address) <i>Temple Street Wille</i>   |  |   |  |   |  |
| * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  |  |   |  |   |  |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)<br>At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.<br>Where was disease contracted, if not at place of death?<br>Former or usual residence.  |  |   |  |   |  |
| 19 PLACE OF BURIAL OR REMOVAL <i>Charles County</i> DATE OF BURIAL <i>1914</i> , 19 <i>1</i><br>20 ONDERTAKER <i>J. C. Sly</i> ADDRESS  |  |   |  |   |  |

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcin-*

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"er" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sciatic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

|               |
|---------------|
| RECEIVED      |
| FEB 4 1914    |
| BUREAU, V. S. |

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

489

County St. CharlesSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 102

St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City La Plata (No. \_\_\_\_\_)

## 2 FULL NAME

Susan Lancaster

## PERSONAL AND STATISTICAL PARTICULARS

|               |                 |  |
|---------------|-----------------|--|
| 3 SEX         | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
| <u>Female</u> | <u>colored</u>  | <u>Single</u>  |

|                          |                                   |
|--------------------------|-----------------------------------|
| 6 DATE OF BIRTH          | 7 ALIVE                           |
| <u>about 1835 or '36</u> | <u>Dec 24<sup>th</sup></u> , 1913 |
|                          | (Month) (Day)                     |

|                     |   |
|---------------------|---|
| 8 AGE               | 9 IT LESS THAN<br>10 yrs. .... mos. .... ds.<br>OR ..... min. ? |
| <u>about 75 yrs</u> | <u>1 day, ..... hrs.</u>  |

|  |                                     |
|--|-------------------------------------|
| 10 OCCUPATION  | 11 BIRTHPLACE<br>(State or country) |
| (a) Trade, profession, or<br>particular kind of work.  | <u>homemaker</u>                    |
| (b) General nature of industry,<br>business, or establishment in<br>which employed (or employer) | <u>homemaker</u>                    |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| 12 BIRTHPLACE<br>(State or country) | 13 BIRTHPLACE<br>(State or country) |
| <u>Charles Co., Md</u>              | <u>Charles Co., Md</u>              |

|            |                        |
|------------|------------------------|
| 14 PARENTS | 15 NAME OF<br>FATHER   |
|            | <u>James Lancaster</u> |

|  |  |
|--|--|
|  | 16 BIRTHPLACE<br>OF FATHER<br>(State or country) |
|  | <u>Charles Co., Md</u>                           |

|  |                             |
|--|-----------------------------|
|  | 17 MAIDEN NAME<br>OF MOTHER |
|  | <u>Susan Lancaster</u>      |

|  |  |
|--|--|
|  | 18 BIRTHPLACE<br>OF MOTHER<br>(State or country) |
|  | <u>Charles Co., Md</u>                           |

|  |                     |
|--|---------------------|
| 19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 20 DATE OF BURIAL   |
| (Informant) <u>Frank Lancaster</u>               | <u>La Plata, Md</u> |

|                               |  |
|-------------------------------|--|
| (Address) <u>La Plata, Md</u> |  |
|-------------------------------|--|

|                    |                    |
|--------------------|--------------------|
| 21 FILED           | 22 DATE OF BURIAL  |
| <u>Jan 4, 1914</u> | <u>Jan 4, 1914</u> |

|                       |                 |
|-----------------------|-----------------|
| 23 REGISTRAR          | 24 ADDRESS      |
| <u>P. Haupt, Esq.</u> | <u>La Plata</u> |

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 1<sup>st</sup>, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Dec 24<sup>th</sup>, 1913, to Jan 1<sup>st</sup>, 1914,

that I last saw her alive on Jan 1<sup>st</sup>, 1914

and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH\* was as follows:

Cardiac Hypertrophy with  
dilatation

about year or more  
(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Thos S. Davis, M. D.  
Jan 2<sup>nd</sup>, 1914 (Address) La Plata, Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt. Rest Cem. La Plata DATE OF BURIAL Jan 4, 1914

20 UNDERTAKER Mr. R. Clarke ADDRESS La Plata

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meninges, peritoneum*, etc., *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Astrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDE, or HOMICIDE, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

FEB 5 1914

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

490

County ChesapeakeVillage or City Spring Hill (No.)STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 100St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Agnes Lloyd

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

female

## 4 COLOR OR RACE

colored

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

married

## 6 DATE OF BIRTH

March 17, 1892  
(Month) (Day) (Year)

## 7 AGE

21 yrs. 10 mos. — ds.

If LESS than  
1 day, ... hrs.  
OR min. ?

## 8 OCCUPATION

- (a) Trade, profession, or particular kind of work House wife
- (b) General nature of industry, business, or establishment in which employed (or employer)

## 9 BIRTHPLACE

(State or country) State Md.

## PARENTS

## 10 NAME OF FATHER

Geo. W. Hawkins11 BIRTHPLACE OF FATHER  
(State or country)State Md.

## 12 MAIDEN NAME OF MOTHER

Katherine Queen13 BIRTHPLACE OF MOTHER  
(State or country)State Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. W. Hawkins(Address) Spring Hill,

## 15

Filed Jan 15, 1914

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Jan. 14, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1914 to Jan. 14, 1914,  
that I last saw her alive on 13, 1914,

and that death occurred on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH\* was as follows:

Mitral Regurgitation  
with cardiac dilatation(Duration) 0 yrs. 4 mos. — ds.

Contributory  
Secondary

(Duration) yes. mos. ds.

(Signed) Jas. J. Adelaw, M. D.  
Jan 15, 1914 (Address) La Plata,

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the  
place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

New Town, Md

## DATE OF BURIAL

Jan 16, 1914

## 20 UNDERTAKER

Mellie Roby

## ADDRESS

Baltimore

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcin-*

*oma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Recovery wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture or skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**RECEIVED**

FEB 5 1914

BURTA, T.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 1022.

County Charles

Village or City Nangimoy (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 102

St. Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2 FULL NAME Williams Lyon

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |  |
|-------|-----------------|--|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
| Male  | White           | Single   |

6 DATE OF BIRTH

(Month) (Day) (Year)

|         |  |
|---------|--|
| 7 AGE   | IF LESS THAN<br>1 DAY, HRS.<br>OR MIN. ? |
| 17 yrs. | mos. ds.                                 |

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)

Mushrooms

9 BIRTHPLACE  
(State or country)

Md.

10 NAME OF FATHER

Alfred Lyon

11 BIRTHPLACE OF FATHER  
(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Eugenia Stone

13 BIRTHPLACE OF MOTHER  
(State or country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John B Thompson

(Address) Doncaster Md.

15

Filed Mar 10, 1914 John B Thompson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 2nd, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

191... to 191...  
that I last saw h. alive on 191...

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Accidental Drowning  
(Verdict of Inquest)  
(Found on shore of Potomac River  
between Smith Pt & Maryland Pt.)

Contributory  
Secondary

Acting Coroner  
(Signature) (Duration) yrs. mos. ds.  
(Signed) John B Thompson (Address) Doncaster Md.  
Mar 10th, 1914

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL  
Potomac River Shore  
Between Smith Pt & Maryland Pt. Me., 1914

DATE OF BURIAL

20 UNDERTAKER ADDRESS

John B Thompson Doncaster Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*, *Carcin-*

*oma, Sarcoma*, etc. of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesasles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Pneumococcic pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Confusional"), "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnial," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Recover wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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**RECEIVED**

APR 4 1914

BUREAU, V.S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH  
County. Charles

2743

(189)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 108

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City. New Carrollton (No.)

2 FULL NAME. John Brown

## PERSONAL AND STATISTICAL PARTICULARS

|       |                 |  |
|-------|-----------------|--|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
| Male  | White           |  |

6 DATE OF BIRTH  
Unknown, 1  
(Month) (Day) (Year)

7 AGE Unknown  
If LESS than  
1 day, hrs.  
yrs. mos. ds. OR min. ?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work. Unknown  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

9 BIRTHPLACE  
(State or country)

10 NAME OF  
FATHER

11 BIRTHPLACE  
OF FATHER  
(State or country)

12 MAIDEN NAME  
OF MOTHER

13 BIRTHPLACE  
OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis E. Cunningham, M.D.

(Address) 100 E. Calvert Street, Baltimore, Maryland

15 Filed. Mar 10, 1914 William B. Thompson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Unknown, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Unknown, 1914, to Unknown, 1914,

that I last saw him alive on Unknown, 1914,

and that death occurred on the date stated above, at Unknown, m.

The CAUSE OF DEATH\* was as follows:

Cerebral hemorrhage  
due to cerebral hemorrhage  
Cause unknown.

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.  
(Signed) Francis E. Cunningham, M.D.

(Address) 100 E. Calvert Street, Baltimore, Maryland

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL  
on River Shore or Farm, March 1914

20 UNDERTAKER  
William B. Thompson, Sonesta

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

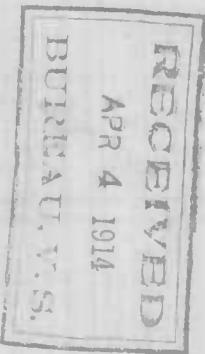
[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Cancer,*

*oma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Miscases* (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**1 PLACE OF DEATH**  
County Baltimore

491

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 102

St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Dorchester (No. 151)**2 FULL NAME**Otis Harold Maddox

## PERSONAL AND STATISTICAL PARTICULARS

**3 SEX****4 COLOR OR RACE****5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)****6 DATE OF BIRTH**Jan 16, 1914  
(Month) (Day) (Year)**7 AGE**yrs. 15 mos. 15 ds. If LESS than  
1 day, \_\_\_\_\_. hrs.  
OR \_\_\_\_\_. min. ?**8 OCCUPATION**(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)**9 BIRTHPLACE  
(State or country)****10 NAME OF  
FATHER**Ernest Webster Maddox**11 BIRTHPLACE  
OF FATHER  
(State or country)**Chas Co Md**12 MAIDEN NAME  
OF MOTHER**Viola Maggie Pacey**13 BIRTHPLACE  
OF MOTHER  
(State or country)**Chas Co Md**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

Ernest Webster Maddox

(Address)

Dorchester Md**15**Filed Jan 31 1914

William B Thompson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH**Jan 31, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

, 1914, to , 1914,

that I last saw h. alive on , 1914,

and that death occurred on the date stated above, at , 1914.

The CAUSE OF DEATH\* was as follows:

Improper food habits  
bad  
No violence or injuries

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) William B Thompson  
Jan 31 1914 (Address) Dorchester Md

\* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL**Method Church Feb 1, 1914  
DATE OF BURIAL**20 UNDERTAKER**William B Thompson ADDRESS  
Dorchester

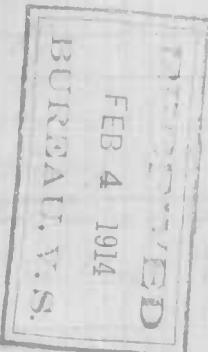
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houseworker*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vascular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Muscles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

|   |   |   |
|---|---|---|
| <b>1 PLACE OF DEATH</b>   |   | 492   |
| County <u>Charles</u>   |   | <u>82</u>   |
| Village or City <u>Dorchester</u> (No.)   |   |   |
| <b>2 FULL NAME</b>  |   | <u>Molly Montgomery</u>   |
| <b>PERSONAL AND STATISTICAL PARTICULARS</b>   |   |   |
| <b>3 SEX</b>  | <b>4 COLOR OR RACE</b>                        | <b>5 SINGLE,<br/>MARRIED,<br/>WIDOWED,<br/>OR DIVORCED<br/>(Write the word)</b> |
| <u>Female</u>   | <u>Colored</u>                                | <u>Married</u>  |
| <b>6 DATE OF BIRTH</b>  |   |   |
| <u>Unknown, 1840</u>  |   |   |
| (Month) (Day) (Year)  |   |   |
| <b>7 AGE</b>  | If LESS than<br>1 day, .... hrs.<br>OR min. ? |   |
| <u>73 yrs.</u>  | <u>mos.</u>                                   | <u>ds.</u>  |
| <b>8 OCCUPATION</b>   |   |   |
| (a) Trade, profession, or particular kind of work <u>At home.</u>                                   |   |   |
| (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u> |   |   |
| <b>9 BIRTHPLACE</b><br>(State or country)   | <u>Unknown</u>                                |   |
| <b>10 NAME OF FATHER</b>  | <u>Unknown</u>                                |   |
| <b>11 BIRTHPLACE OF FATHER</b><br>(State or country)  | <u>Unknown</u>                                |   |
| <b>12 MAIDEN NAME OF MOTHER</b>   | <u>Unknown</u>                                |   |
| <b>13 BIRTHPLACE OF MOTHER</b><br>(State or country)  | <u>Unknown</u>                                |   |
| <b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>   |   |   |
| Informant) <u>Rufi Hancock</u>  |   |   |
| (Address) <u>Cross Roads Md.</u>  |   |   |
| 15 Filed <u>Jan 2, 1914</u>   |   |   |
| Signature <u>William B Thompson</u> REGISTRAR   |   |   |

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 102

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH**Jan 1, 1914

(Month)

(Day)

(Year)

**17 I HEREBY CERTIFY, That I attended deceased from**Nov 1913, to Jan 26, 1914that I last saw her alive on Nov 26, 1913,and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH\* was as follows:

Infirmities of age,  
Cerebral Thrombus  
 Contributory (Secondary) Paralysis  
 (Duration) 4 yrs. 6 mos. ds.

(Signed) R.C. Bicknell, M.D.  
Jan 2, 1914 (Address) Pugah Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL**Mt. Hope Church Jan 3, 1914

DATE OF BURIAL

**20 UNDERTAKER**William B Thompson ADDRESS Doneastwood

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cook*, *minc*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.; *Carcin-*

oma

*Sarcoma*, etc., or

(name origin); "Can-

cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tuberculous heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent

affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "As-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-

mus," "Old Age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably

such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

FEB 4 1914

BUREAU. U.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**1 PLACE OF DEATH**

County Charles

493

**STATE OF MARYLAND  
CERTIFICATE OF DEATH**

Registration Dist. No. 100

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City La Plata (No.)

**2 FULL NAME** Emma Henry

## PERSONAL AND STATISTICAL PARTICULARS

|              |                        |  |
|--------------|------------------------|--|
| <b>3 SEX</b> | <b>4 COLOR OR RACE</b> | <b>5 SINGLE,<br/>MARRIED,<br/>WIDOWED,<br/>OR DIVORCED</b> |
| Female       | White                  | MARRIED<br>(Write the word)                                |

**6 DATE OF BIRTH**  
not known, 1846  
(Month) (Day) (Year)

**7 AGE**  
68 yrs. mos. ds. OR min. ? If LESS than  
1 day, hrs.

**8 OCCUPATION**  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) —

**9 BIRTHPLACE**  
(State or country) Charles County

**10 NAME OF FATHER** Wilson Tucker

**11 BIRTHPLACE OF FATHER**  
(State or country) Ches Co

**12 MAIDEN NAME OF MOTHER** Ann Ruby

**13 BIRTHPLACE OF MOTHER**  
(State or country) Ches Co

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) Emanuel Roberts  
(Address) Hughesville

**15**  
Filed Jan 6<sup>th</sup> 1914 R. Hampshire Cox  
Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** Jan 4, 1914  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1914, to Jan 4, 1914, that I last saw him alive on Jan 1, 1914, and that death occurred on the date stated above, at noon m. The CAUSE OF DEATH\* was as follows:**

Thescast Failure  
Constitutional (Duration) 1 mo.  
anemia (Duration) 16 ds.  
(Signed) Spencer, M. D.  
Jan 5, 1914 (Address) Baltimore

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL** Perry Chapel, Md **DATE OF BURIAL** Jan 6, 1914

**20 UNDERTAKER** Wm R. Clarke **ADDRESS** La Plata

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcinoma*, *Sarcoma*, etc., of ..... (name origin); "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic trivalvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

FEB 5 1914

BUREAU, U. S.

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1 PLACE OF DEATH  
County Chas.

494

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 106

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Ponorokay No. 189

2 FULL NAME Arthur Shawe

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) married

6 DATE OF BIRTH Dec 16, 1834

(Month) (Day) (Year)

7 AGE 78

yrs. — mos. — ds.

If LESS than  
1 day, .... hrs.  
OR .... min. ?

8 OCCUPATION Farmer

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) England

10 NAME OF FATHER John Shawe

11 BIRTHPLACE OF FATHER (State or country) Scotland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Arthur Shawe

(Address) Ponorokay

15

Filed Jan 17, 1914

John Marshall & Regis  
Social REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 15th, 1914

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,

that I last saw h. alive on \_\_\_\_\_, 191\_\_\_\_,

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Heart failure

(Duration) yrs. mos. ds.

Contributory  
(Secondary)(Signed) John Marshall & Regis  
Jan 17, 1914 (Address) Ponorokay

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted,  
If not at place of death?

Former or usual residence

17 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Balto Civil Court Balto Jan 17, 1914

20 UNDERTAKER

J. R. Clark J. P. Lalakue ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

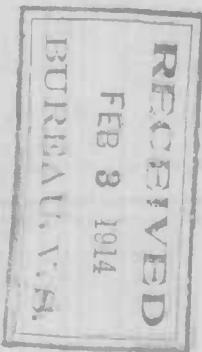
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Contracting*, etc. Women at home, who are engaged in the duties of the household only (net paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housenork*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), *29 ds.*  
*Bronchiopneumonia* (*secondaries*), *10 ds.* Never report  
mere symptoms or terminal conditions, such as "*An-  
thenia*," "*Anaemia*" (merely symptomatic), "*Aatrophy*,"  
"*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-  
genital*," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*,"  
"*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Mara-  
asmus*," "*Old Age*," "*Shock*," "*Traenita*," "*Weakness*,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Puerperal septicem-  
ia*," "*Puerperal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For vi-  
olent deaths state means of INJURY and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—con-  
dent*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomenclature  
of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspon-  
dence. All the data is essential and must be obtained before  
the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

495

County CharlesVillage or City Port Tobacco (No. ....)STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 100

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Joseph Small

## PERSONAL AND STATISTICAL PARTICULARS

|                  |                            |   |
|------------------|----------------------------|---|
| <sup>3</sup> SEX | <sup>4</sup> COLOR OR RACE | <sup>5</sup> SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
| male             | colored                    | Single  |

|                            |  |       |
|----------------------------|--|-------|
| <sup>6</sup> DATE OF BIRTH |  |       |
| don't know                 |  |       |
| (Month)                    |  | (Day) |
|                            |  | 1861  |
| (Year)                     |  |       |

|                  |          |                  |
|------------------|----------|------------------|
| <sup>7</sup> AGE | about    | It LESS than     |
|                  | 55 yrs   | 1 day, ____ hrs. |
|                  | — mos. — | OR min. ?        |

|  |            |
|--|------------|
| <sup>8</sup> OCCUPATION  | Labour     |
| (a) Trade, profession, or particular kind of work.   |            |
| (b) General nature of industry, business, or establishment in which employed (or employer) | day labour |

|   |                 |
|---|-----------------|
| <sup>9</sup> BIRTHPLACE<br>(State or country) | Charles Co., Md |
|---|-----------------|

|                              |               |
|------------------------------|---------------|
| <sup>10</sup> NAME OF FATHER | Richard Small |
|------------------------------|---------------|

|  |                |
|--|----------------|
| <sup>11</sup> BIRTHPLACE OF FATHER<br>(State or country) | Charles Co. Md |
|--|----------------|

|                                     |                 |
|-------------------------------------|-----------------|
| <sup>12</sup> MAIDEN NAME OF MOTHER | Catharine Small |
|-------------------------------------|-----------------|

|  |                |
|--|----------------|
| <sup>13</sup> BIRTHPLACE OF MOTHER<br>(State or country) | Charles Co. Md |
|--|----------------|

|   |  |
|---|--|
| <sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE |  |
|---|--|

(Informant) Richard Small  
2116-13th n.w.

(Address) Washington D.C.

15 Filed May 17<sup>th</sup>, 1914 Seo. A. Glode Jr.  
Dept. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 12, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10<sup>th</sup>, 1914 to Jan 12<sup>th</sup>, 1914,  
that I last saw him alive on Jan 10<sup>th</sup>, 1914,  
and that death occurred on the date stated above, at 12 m.  
The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage —  
Paralysis —  
2nd attack  
(Duration) 1 yrs. 0 mos. 0 ds.

Contributory  
Secondary  
(Duration) yrs. mos. ds.

(Signed) Thos. B. Queen, M. D.

Jan 17, 1914 (Address) La Plata Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted;  
It not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL W. Hill Pub House, DATE OF BURIAL Jan 18<sup>th</sup>, 1914

20 UNDERTAKER Gus W. Roby & Sons, ADDRESS Baltimore

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcin-*

oma, Sarcoma, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

FEB 5 1914

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Chas.

496

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 100Village or City Pomfret (No.)St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Edward Swann

|                                      |                                   |  |  |
|--------------------------------------|-----------------------------------|--|--|
| PERSONAL AND STATISTICAL PARTICULARS |                                   |  |  |
| 3 SEX<br><u>male</u>                 | 4 COLOR OR RACE<br><u>colored</u> | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word)<br><u>married</u> |  |

6 DATE OF BIRTH  
Sept. 2, 1852  
(Month) (Day) (Year)

7 AGE  
61 yrs. — mos. — ds. IT LESS THAN  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work  
Farmer  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

9 BIRTHPLACE  
(State or country)  
Md.

10 NAME OF  
FATHER  
Warren Swann

11 BIRTHPLACE  
OF FATHER  
(State or country)  
Md.

12 MAIDEN NAME  
OF MOTHER  
Olivia Wright

13 BIRTHPLACE  
OF MOTHER  
(State or country)  
Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas E. Swann  
(Address) Pomfret, Md.

15 Filed Jan 4, 1914 R. Hampton Cope  
Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Jan. 4, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
May, 1913, to Jan. 4, 1914,

that I last saw him alive on Dec. 29, 1913,  
and that death occurred on the date stated above, at 9.45 A.M.

The CAUSE OF DEATH\* was as follows:

Cancer of Stomach  
+ Chronic nephritis  
(170) (Duration) — yrs. 9 mos. 0 ds.

Contributory  
Secondary

(Duration) — yrs. 0 mos. 0 ds.  
(Signed) Jas E. delany, M. D.  
Jan 4, 1914 (Address) La Plata

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted,  
it not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL  
Concord Neck, Cal. Md. Jan 4, 1914  
DATE OF BURIAL

20 UNDERTAKER Wm R. Clarke ADDRESS T. O. Blalock

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

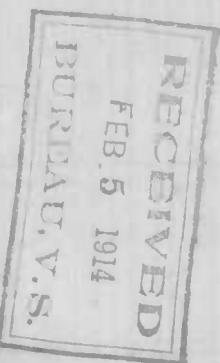
[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm labore*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houseworker*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scranton*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Miscarriage* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Charles

497

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 104

Village or City Rock Point (No.)

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME John Thomas

## PERSONAL AND STATISTICAL PARTICULARS

|            |                       |  |
|------------|-----------------------|--|
| 3 SEX Male | 4 COLOR OR RACE Black | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word) Single |
|------------|-----------------------|--|

## 6 DATE OF BIRTH Jan 29

(Month) (Day) (Year) 1887

## 7 AGE 27

yrs. mos. ds.

It LESS than  
1 day, hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work  
oysterman.

(b) General nature of Industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)

Charles Co

Richard Thomas

11 BIRTHPLACE  
OF FATHER  
(State or country)

Charles Co

N.D. Maryland

W. D.

Jan 31, 1914

12 MAIDEN NAME  
OF MOTHER

Lew Banks

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Charles

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Willie Hansen

(Address) Rock Point

15 Filed Jan 30, 1914 W.A. Mall

Dept Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH Jan 30, 1914

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 191 , to , 191 ,

that I last saw h alive on , 191 ,

and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH\* was as follows:

Convulsions

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) N. D. Maryland, C. P., W. D.

Jan 31, 1914 (Address) Temple Hill

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence.

## 17 PLACE OF BURIAL OR REMOVAL OR

The Land of G.H. Butler Jr

Jan 30, 1914

DATE OF BURIAL

20 UNDERTAKER J.C. Slye

ADDRESS Issum

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The matricular worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc. of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

FEB 4 1914

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Charles 498

Village or City Pomona Key (No.)

2 FULL NAME Jane Loyer

## PERSONAL AND STATISTICAL PARTICULARS

|  |                      |   |
|--|----------------------|---|
| 3 SEX Female   | 4 COLOR OR RACE col. | 5 SINGLE, MARRIED, WIDOWED, DIVORCED<br>(Write the word) Single |
| 6 DATE OF BIRTH April 10   |                      | (Month) (Day) (Year)  |
| 7 AGE 24   |                      | If LESS than<br>1 day, .... hrs.<br>OR min. ?                   |
| 8 OCCUPATION   | General house work   |   |
| (a) Trade, profession, or particular kind of work  | Domestic             |   |
| (b) General nature of industry, business, or establishment in which employed (or employer) | Pomona Key           |   |
| 9 BIRTHPLACE (State or country)  | Pomona Key, Ind.     |   |

|  |               |  |
|--|---------------|--|
| 10 NAME OF FATHER                          | Ed Alexandria |  |
| 11 BIRTHPLACE OF FATHER (State or country) | Chas Co Ind   |  |
| 12 MAIDEN NAME OF MOTHER                   | Mary Marion   |  |
| 13 BIRTHPLACE OF MOTHER (State or country) | Chas Co Ind   |  |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Robert Loyer  
(Address) Pomona Key Ind

15 Filed Jan 16, 1914 John Marshall  
Local REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 106

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 13, 1914

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 23-12-1913 to 13 Jan. 1914,

that I last saw her alive on 30 Dec. 1913

and that death occurred on the date stated above, at 10 a.m.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis (?)

Secondary Degeneracy  
(Duration) yrs. mos. ds.

Contributory Degeneracy  
(Secondary) 26 yr. (Duration) yrs. mos. ds.

(Signed) E. C. Loyer, M. D.  
15 Jan., 1914. (Address) 800 N. Calhoun St., Ind.

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Pomona Key Jan 16, 1914

20 UNDERTAKER

John Marshall ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

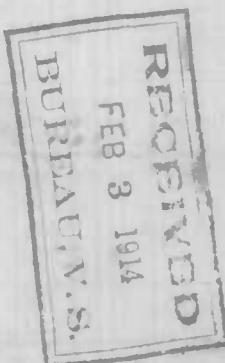
### Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salsman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—"Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

*oma. Sarcoma*, etc. of \_\_\_\_\_ (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malig-  
nant neoplasms); *Measles*; *Whooping cough*; *Chronic  
tubular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Ménière's* (disease causing death), *by as.*:  
*Bronchopneumonia* (secondary), *10 d.* Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anæmia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mar-  
asmus," "Old Age," "Shock," "Tetraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Tuerperal septicæ-  
mia*," "*Tuerperal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For vi-  
olent deaths state means of injury and quality as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver wound of hand—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*scaphis, tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFEARING INK—THIS IS A PERMANENT RECORD

**N.N.B.**—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

|  |  |   |
|--|--|---|
| 1 PLACE OF DEATH   |  | 499   |
| County   | Charles Co.                                      |   |
| Village or City  | Spring Hill Office (No.)                         |   |
| 2 FULL NAME Wilson Wall  |  |   |
| PERSONAL AND STATISTICAL PARTICULARS   |  |   |
| 3 SEX male   | 4 COLOR OR RACE colored                          | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word) married |
| 6 DATE OF BIRTH about, 1840<br>Donthur (Month) 1st (Day)<br>(Year)   |  |   |
| 7 AGE about<br>73 yrs  | 8 If LESS than<br>1 day...hrs.<br>MOS. OR min. ? |   |
| 9 OCCUPATION (a) Trade, profession, or particular kind of work Day Laborer<br>(b) General nature of industry, business, or establishment in which employed (or employer) |  |   |
| 10 BIRTHPLACE (State or country) Charles Co., Md.  |  |   |
| 11 NAME OF FATHER Basil Wallis   |  |   |
| 12 BIRTHPLACE OF FATHER (State or country) Charles Co., Md.  |  |   |
| 13 MAIDEN NAME OF MOTHER Margaret Wallis   |  |   |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) Wm. Wallis<br>(Address) La Plata Md.   |  |   |
| 15 Filed   | 1914 R. H. Haupt, Clerk<br>Local REGISTRAR       |   |

**STATE OF MARYLAND  
CERTIFICATE OF DEATH**

**Registration Dist. No.** 100

...St.; ..... Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Jan 31, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Jan 25, 1914, to Jan 30<sup>th</sup>, 1914.

that I last saw him alive on January 30<sup>th</sup>, 1914  
and that death occurred on the date stated above at

**The CAUSE OF DEATH\*** was as follows:

~~The Gruppe, Easter - annual  
trial class~~

about 500

**Contributory**.....  
**Secondary**.....

(Duration) yrs. mos. ds.

Feb 1<sup>st</sup>, 1914 (Address) La Plata Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)**

At place  
of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the  
State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds

**Where was disease contracted,  
If not at place of death?** \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL** \_\_\_\_\_ **DATE OF BURIAL** \_\_\_\_\_

~~BY BURIAL~~ ~~DATE OF BURIAL~~  
New Haven Ind Feb. 2<sup>nd</sup>, 1917

20 **UNDERTAKER** **ADDRESS**  
James & Penn Saalstrom

If more blanks are needed, address State Registrar, 8 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcin-*

oma, *Sarcoma*, etc. of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trachia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sensus, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

FEB 5 1914

BURRILL, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

560

County CharlesSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 102Village or City Near La Plata (No.)

St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Louise Walls

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

colored5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)single

6 DATE OF BIRTH

May 20<sup>th</sup>, 1898  
(Month) (Day) (Year)

7 AGE

15 yrs 7 mos 21 ds.If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)nonenone

9 BIRTHPLACE

(State or country)

Charles Co., Md

PARENTS

10 NAME OF  
FATHERMatthew Walls11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHERCharles Co., Md13 BIRTHPLACE  
OF MOTHER  
(State or country)Lina Lancaster

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Chapman

(Address)

La Plata, Md

15

Filed

Jan 11, 1914

R. Hauptm. C.R.

Local REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 10<sup>th</sup>, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Jan 8<sup>th</sup>, 1914 to Jan 8<sup>th</sup>, 1914  
that I last saw him alive on Jan 8<sup>th</sup>, 1914and that death occurred on the date stated above, at 12 m.  
The CAUSE OF DEATH\* was as follows:Tuberculosis of Lungs(Duration) 1 yrs 0 mos 0 ds.Contributory  
Secondary(Duration) 0 yrs 0 mos 0 ds.(Signed) E. S. Queen, M. D.  
Jan 11, 1914 (Address) La Plata, Md\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)At place Charles Co., Md In the  
of death 0 yrs 0 mos 0 ds. State 0 yrs 0 mos 0 ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence19 PLACE OF BURIAL OR REMOVAL  
La Plata, Md DATE OF BURIAL  
Jan 12, 1914

20 UNDERTAKER

ADDRESS  
J. P. Clarke, La Plata

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fitter*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer-Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housenwife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcin-*

*oma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report were symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDE, or HOMICIDE, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

FEB 5 1914

BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
County Charles

501

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 102

St: \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Pisgah (No. \_\_\_\_\_)**2 FULL NAME** Thomas West

## PERSONAL AND STATISTICAL PARTICULARS

**3 SEX** Male **4 COLOR OR RACE** Colored **5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED** Widowed  
(Write the word)

**6 DATE OF BIRTH** Unknown Unknown, 1844  
(Month) (Day) (Year)

**7 AGE** 70 yrs. in mos. in days. If LESS than  
1 day, \_\_\_\_\_. hrs.  
OR \_\_\_\_\_. min. ?

**8 OCCUPATION**  
(a) Trade, profession, or  
particular kind of work. Farmer  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) Farming

**9 BIRTHPLACE**  
(State or country) Virginia

**10 NAME OF  
FATHER** Isaac West

**11 BIRTHPLACE  
OF FATHER**  
(State or country) Virginia

**12 MAIDEN NAME  
OF MOTHER** Singer West

**13 BIRTHPLACE  
OF MOTHER**  
(State or country) Westmoreland Co.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

Informant George Smith  
(Address) Westmoreland Co., Va.

Filed Jan 7, 1914

REGISTRAR William B. Thompson

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** January 25, 1914  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from**  
Nov, 1913, to Dec, 1913

that I last saw him alive on Dec 27, 1913

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Spurled  
from Nephritis Chronic

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Becknell, M. D.

Jan. 6, 1914 (Address) Pisgah Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place \_\_\_\_\_ In the \_\_\_\_\_  
of death yrs. mos. ds. State \_\_\_\_\_ yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence.

**19 PLACE OF BURIAL OR REMOVAL** Mt. Hope Chaco Md. **DATE OF BURIAL** Jan. 7<sup>th</sup>, 1914

**20 UNDERTAKER** C. D. Carpenter **ADDRESS** Jan. 7<sup>th</sup>, 1914

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Grupe"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*oma. *Sarcoma*, etc., of ..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mosles*; *Whooping cough*; *Chronic interstitial nephritis*; *valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inaction," "Marnuts," "Old Age," "Shock," "Tranema," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Postpartal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
FEB 4 1914  
BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

|  |                                 |  |
|--|---------------------------------|--|
| 1 PLACE OF DEATH<br>County..... <i>Charles</i>   |                                 | 502  |
| Village or City..... <i>Lissau</i>   |                                 | (No.)  |
| 16   |                                 |  |
| 2 FULL NAME..... <i>Mary Wilson</i>  |                                 |  |
| PERSONAL AND STATISTICAL PARTICULARS   |                                 |  |
| 3 SEX<br><i>female</i>   | 4 COLOR OR RACE<br><i>Black</i> | 5 SINGLE,<br>MARRIED,<br>WIDOWED,<br>OR DIVORCED<br>(Write the word)<br><i>singl</i> |
| 6 DATE OF BIRTH<br><i>Jan 17</i><br>(Month) (Day) (Year)<br><i>1 914</i>   |                                 |  |
| 7 AGE<br>— yrs. — mos. — ds.<br>If LESS than<br>1 day, hrs.<br>OR min. ?   |                                 |  |
| 8 OCCUPATION<br>(a) Trade, profession, or<br>particular kind of work<br><i>wom</i><br>(b) General nature of industry,<br>business, or establishment in<br>which employed (or employer) |                                 |  |
| 9 BIRTHPLACE<br>(State or country)<br><i>Charles Co</i>  |                                 |  |
| 10 NAME OF<br>FATHER<br><i>Thomas G Wilson</i>   |                                 |  |
| 11 BIRTHPLACE<br>OF FATHER<br>(State or country)<br><i>St Mays Co</i>  |                                 |  |
| 12 MAIDEN NAME<br>OF MOTHER<br><i>Kethie C Wilson</i>  |                                 |  |
| 13 BIRTHPLACE<br>OF MOTHER<br>(State or country)<br><i>Charles Co</i>  |                                 |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant)<br><i>Thomas G Wilson</i><br>(Address)<br><i>Lissau</i>  |                                 |  |
| 16 Filed <i>Jan 18</i> , 1914  |                                 | W. A. Hale<br>Dist. Reg. REGISTRAR   |

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *104*

St.: Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
*Jan 17*(Month) (Day) (Year)  
*1914*

17 I HEREBY CERTIFY, That I attended deceased from

, 191..., to , 191..., 191..., (Year)

that I last saw h..... alive on , 191..., 191..., (Year)

and that death occurred on the date stated above, at 9 A.M., 191..., (Year)

The CAUSE OF DEATH\* was as follows:

*burn Vapor time*

(Duration) yrs. mos. ds.

Contributory  
Secondary(Signed) *W. H. Mandeville, P.M.D.*  
(Address) *Townsville*, 191... (Address)\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL  
*Cath. Catholic Cemt* DATE OF BURIAL  
*Jan 19, 1914*20 UNDERTAKER  
*Thomas Wilson* ADDRESS  
*Lissau*

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc. of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchiopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and QUALITY as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

